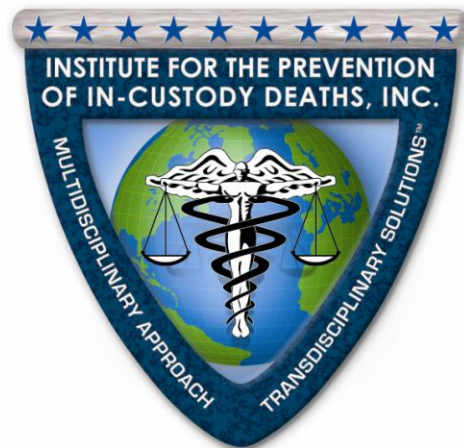


# **EXCITED DELIRIUM and ARREST-RELATED DEATHS**



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# DISCLAIMER

**The information contained in the following slides was current when this presentation was developed. No one should rely on the information contained herein for an unreasonable period of time, as the scientific and medical research is constantly changing. To verify the accuracy of the information, please contact the IPICD, Inc.**



# MISSION STATEMENT

**The Institute for the Prevention of In-Custody Deaths, Inc. (IPICD) is a clearinghouse, resource center, and training provider dedicated to providing interested parties with objective, timely, accurate, qualitative, and quantitative information, training, and operational guidance for the prevention and management of sudden- and in-custody deaths.**



# CONTACT INFORMATION

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# PARADIGM SHIFT

In the presence of behavioral cues  
**STRUGGLING and RESISTANCE**  
can indicate an immediate

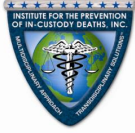
**MEDICAL EMERGENCY**

takes precedent over criminal prosecution

# The Real World

- Listen to the dispatcher
- Listen to the officers
- Listen to “Tim”

Jefferson Street Video played  
during presentation



# DEATH IN-CUSTODY REPORTING ACT OF 2000

114 Stat. 1045; Public Law 106-297

Requires States to file quarterly reports regarding the death of any person who is in the process of arrest, is en route to be incarcerated, or is incarcerated at a municipal or county jail, State prison, or other local or State correctional facility (including juvenile facility)





# 2003-2005 U.S. ARREST DEATHS

2,002 people died during arrest

Data from 47 states plus D.C.

DICRA 2000 data

Shot to death = leading cause



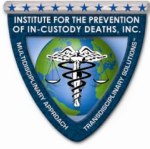
# 2003-2005 U.S. ARREST DEATHS

Drug & alcohol = 2<sup>nd</sup> leading death cause

252 intoxicated people died

198 of these died at scene

157 of the 198 were handcuffed



# EXCITED DELIRIUM DEFINED

Descriptive phrase (acute psychotic event)

“State” versus “diagnosis”

Composed of

- Transient, acute, confusional state

- Disorganized thinking

- Incoherent thinking

- Disorientation

- Perception disturbances



# EXCITED DELIRIUM CONT'D

Drugs are not always present

ED is at the end of the spectrum of adverse psychiatric conditions due to drug abuse (Dr. D. Mash, 2007)

Delirium is the root of Excited Delirium

Acute onset



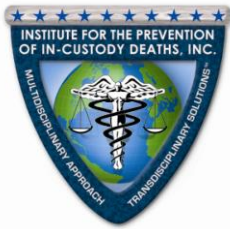
# EXCITED DELIRIUM SYNDROME

Sudden death

Death during or after ED state

Struggle with law enforcement

Negative autopsy



# EXCITED DELIRIUM CAUSES

**Metabolic** (e.g. low blood sugar)

**Pharmacologic** (e.g. cocaine; + alcohol = 18x)

**Infectious** (e.g. meningitis)

**Psychological** (e.g. underlying psych. ill.)

Acute onset of symptoms



# FOUR PHASES OF EXCITED DELIRIUM

## **Hyperthermia**

not always present

## **Delirium w/agitation**

superhuman strength / acute onset

## **Respiratory arrest**

preceded by respiratory distress

## **Cardiac arrest**



# Potential Causes of Delirium or Delirium-Like Behavior

- Infections (Sepsis)
- Head Trauma
- Hypertensive Emergency
- Hypoglycemia
- Hyperthyroidism
- Schizophrenia (Psychosis)
- Bipolar Disorder (Mania)
- Other mental illnesses
- Dementia
- Other
- Intoxication
  - Alcohol
  - Stimulant Drugs
- Withdrawal Syndromes
  - Alcohol
  - Anti-depressants
  - Antipsychotics
  - Sedatives
  - Others
- Side effects of medications



# AGITATED CHAOTIC EVENT™

- No suggested diagnosis
- Only look at behavior
- Medical Emergency
- Autism
- Biopolar Disorder
- Delirium
- Dementia
- Epilepsy (SUDEP)
- Mental Illness
- Post-Traumatic Stress
- Schizophrenia



# WHO IS AT RISK?

**91 - 99% male**

**31 - 44 years old**

**Struggle**

**Death after bizarre behavior episode**

**Global issue**

**Remember these generalizations are based upon research, and does not preclude females, people who fail to take their prescription medications, and others, etc. from experiencing sudden death.**



# SUDDEN DEATH PRE-DISPOSING FACTORS

Illicit drugs (past or current)

Prescription drugs

Alcohol/withdrawal

Heart disease

Head injury (past/current)

Hypoglycemia

Hyperthyroidism

Steroid use

Epilepsy

Dehydration

Obesity

Enlarged heart

Small vessel wall thickening

Inflamed heart muscle

Prior heart attack

Psychiatric disease



# PHYSICAL CHARACTERISTICS

Dilated pupils

Profuse sweating

Hyperthermia (not always)

High core body temperature

103°F - 110°F

39.4°C – 43.3°C

Skin discoloration

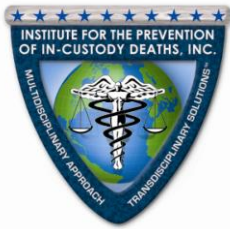
Large belly

Foaming at mouth

Uncontrollable shaking  
or shivering

Respiratory distress

I can't breathe



# PSYCHOLOGICAL BEHAVIORAL CUES

Intense paranoia

Extreme agitation

Emotional changes

Disoriented about

Time

Place

Purpose

Hallucinations

Delusional

Scattered ideas

Easily distracted

Psychotic appearance

Described as

Just snapped

Flipped out

Makes people feel

uncomfortable



# COMMUNICATION BEHAVIORAL CUES

Screaming for no apparent reason

Pressured, loud, incoherent speech

Grunting, guttural sounds

Talks to imaginary people

Irrational speech



# PHYSICAL BEHAVIORAL CUES

## Demonstrates

- Violent behavior
- Bizarre behavior
- Aggression toward objects  
(e.g. glass)

Runs into traffic

Running for no apparent  
reason

Running wildly

Naked

Stripping off clothing

Superhuman strength

Unlimited endurance

Resists violently

- Capture

- Control

- Restraint

Muscle rigidity

Reduced sense of pain

Ventura County Jail Video  
played during presentation





# BEST PRACTICES

Is it mental illness or excited delirium?

**It's a Medical Emergency!**



# BEST PRACTICES

A downward spiral toward sudden death

Behavioral cues observed request EMS

**Advanced Life Support (ALS) preferred**



# DISPATCHER RECOMMENDATIONS

First to be trained

Likely to be first to hear “cues”

Identify behavior cues

Keep caller on the line



# DISPATCHER ROLE

Recognize key behavioral cues

Naked

Breaking Glass

“Just snapped”

Dispatch back-up, EMS, & supervisor

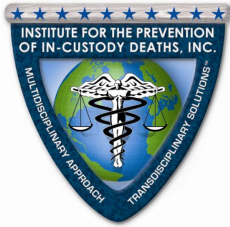
Save tape; begin documentation



# SPECIALIZED TRAINING

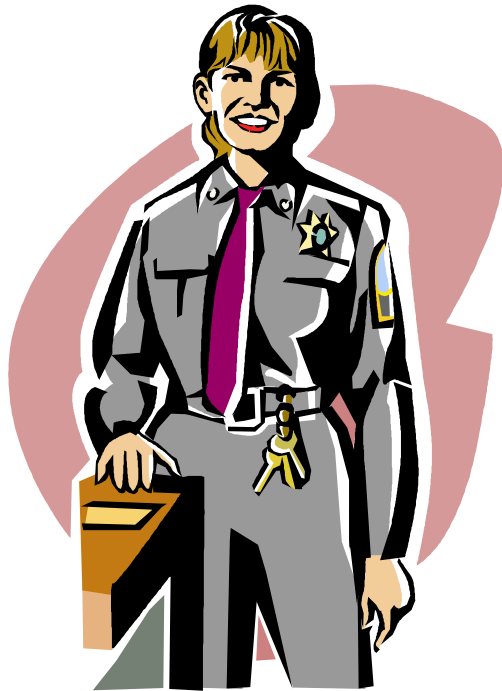
Dispatchers, investigators, responders,  
supervisors, stakeholders

See Program Summaries - IPICD website  
Ventura County (CA) Sheriffs Dept.  
Jacksonville (FL) Sheriff's Dept.



# Excited Delirium & In-Custody Deaths

To work together all parties need to know the capabilities of the other stakeholders



# **HIGH-RISK INDIVIDUALS: BEST PRACTICES**

**Establish a plan**

**Attempt to use verbal skills**

**If this fails or is unsafe**

**CAPTURE**

**May involve the use of ECDs, multiple officers, or  
bean bags**



# **HIGH-RISK INDIVIDUALS: BEST PRACTICES**

## **CONTROL**

**Face-down often the best practice  
to control someone actively resisting  
Transient compression to handcuff**





# **HIGH-RISK INDIVIDUALS: BEST PRACTICES**

**RESTRAIN**

**DO NOT HOGTIE**

**DO NOT allow them to remain prone for an unreasonable amount of time**

**On side; sit upright; supine; stand**



# HIGH-RISK INDIVIDUALS: BEST PRACTICES

## SEDATE

**There is currently no scientific research confirming the efficacy of sedating suspected ED patients at the scene.**



# **HIGH-RISK INDIVIDUALS: BEST PRACTICES**

## **TRANSPORT**

**(sedated or non-sedated)  
to a hospital for further medical  
intervention**



# **HIGH-RISK INDIVIDUALS: BEST PRACTICES**

**Transport in an ambulance**

**If you must transport in your unit,  
sit person upright, seat belt,  
w/second officer to monitor at all  
times**

K-9



# Deadly Force







**QUESTIONS**

